PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450

or Fax (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where

indicated unless correcte maintenance fee notifica	ed below or directed oth tions.	herwise in Block 1, by (a) specifying a new cor	respondence address	; and/o	r (b) indicating a sepa	rate "FEE ADDRESS" for	
CURRENT CORRESPOND	F	Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.						
22150		Certificate of Mailing or Transmission						
F. CHAU & AS 130 WOODBUR WOODBURY, I	I S a u	I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.						
							(Depositor's name)	
							(Signature)	
							(Date)	
APPLICATION NO.	FILING DATE		FIRST NAMED INVENT	OR	ATTO	RNEY DOCKET NO.	CONFIRMATION NO.	
10/799,307	10/799,307 03/12/2004		Jae-Hyun Kim		8054L	-50 (LW9007US/HJ)	8101	
TITLE OF INVENTION THE SAME	E ARRAY SUBSTRAT	E AND REFLECTIVE-	IRANSMISSIVE TYP	E LIQUID CRYSTA	L DISI	PLAY APPARATUS	HAVING	
APPLN, TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DU	E PREV. PAID ISSU	E FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	\$1510	\$300	\$0		\$1810	01/31/2011	
EXAMINER		ART UNIT	CLASS-SUBCLASS					
CHIEN, LUCY P		2871	349-114000					
 Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. 			(1) the names of up or agents OR, altern (2) the name of a sin registered attorney of 2 registered patent a	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.				
recordation as set forti (A) NAME OF ASSIC	ess an assignee is ident h in 37 CFR 3.11. Comp	ified below, no assignee pletion of this form is NO	data will appear on the	patent. If an assignan assignment. TY and STATE OR	COUNT	TRY)	ocument has been filed for	
Please check the appropri	iate assignee category or	categories (will not be p	rinted on the patent):	☐ Individual E C	orporati	ion or other private gro	up entity Government	
4a. The following fee(s) a Sissue Fee Publication Fee (N Advance Order - #	o small entity discount p	 ib. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 50-0879 (enclose an extra copy of this form). 						
**	s SMALL ENTITY statu	is. See 37 CFR 1.27.	☐ b. Applicant is no l					
NOTE: The Issue Fee and interest as shown by the I	d Publication Fee (if requeecords of the United Sta	uired) will not be accepte tes Patept and Trademark	d Irom anyone other that Office.	n the applicant; a reg	istered :	attorney or agent; or th	e assignee or other party in	
Authorized Signature				Date		49/11	. /////////////////////////////////////	
Typed or printed name Frank Chau		/Chau	Registration No					
This collection of inform an application. Confident submitting the completed this form and/or suggesti Box 1450. Alexandria, V	ation is required by 37 C iality is governed by 35 i application form to the ons for reducing this bu- irginia 22313-1450. DC	FR 1.311. The informatic U.S.C. 122 and 37 CFR USPTO. Time will vary rden, should be sent to the ONOT SEND FEES OR	on is required to obtain on 1.14. This collection is depending upon the interpretation of COMPLETED FORMS	or retain a benefit by estimated to take 12 dividual case. Any c icer, U.S. Patent and TO THIS ADDRES	the publ minutes omment Traden S. SENI	lic which is to file (and s to complete, includin its on the amount of tin nark Office, U.S. Depa D TO: Commissioner f	by the USPTO to process) g gathering, preparing, and ne you require to complete utment of Commerce, P.O. for Patents, P.O. Box 1450,	

Alexandria, Virginia 22313-1450. Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.